

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-018862  
2430 STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2430

FILED MAY 31 1962

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Raytown</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>8905 E. 75th</u>	
3. NAME OF DECEASED (Type or print) First <u>Nancy</u> Middle <u>A</u> Last <u>Glaser</u>		4. DATE OF DEATH Month <u>May</u> Day <u>2</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/29/15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)-- <u>Factory</u>		11. BIRTHPLACE (City and state or country) <u>McEwen Tenn K.S.A.</u>	
13a. FATHER'S NAME <u>Kelley Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
13c. NAME OF HUSBAND OR WIFE <u>William F. Glaser</u>		17. INFORMANT <u>Mr. Ted Cook, 4218 Hardesty K.C. Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Rheumatic heart disease, aortic stenosis &amp; Myxoma</u> DUE TO (b) <u>Open heart operation to remove atrial clot and</u> DUE TO (c) <u>Repair of Mitral Stenosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>4-25-62</u> to <u>5-2-62</u> and last saw <u>her</u> alive on <u>5-2-62</u> Death occurred at <u>9:38</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Richard L. Russell M.D.</u>		22b. ADDRESS <u>609 Pry Bldg K.C. Mo</u>	
22c. DATE SIGNED <u>5-3-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>5/5/1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Glacial Hills</u>	
23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-4-62</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>		27. FUNERAL DIRECTOR ADDRESS <u>Glacial Hills Mgmt. Chgo. Ill.</u>	

DOCUMENT

Richard L. Russell Medical Certification

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300  
Rev. 4/59

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5/603

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed C. McJannet

Licensed Embalmer No. 3453

P. O. Address K. E. Kane.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.